

APPLICATION FOR EXEMPTION FROM TRASH PICK UP FEE

**City of Leeds· 8373 1st Avenue· Leeds· Alabama 35094
(205) 699-2585· (205) 699-6558 Fax**

Fill in information below and return to the above address with your Social Security Statement of Benefits. Please remember that only households whose sole source of income is social security benefits will qualify for this exemption.

Name: _____

DOB: _____ SSN# _____ - _____ - _____

Address: _____

Phone# _____

Reason for Request:

I certify that all the information submitted by me on this application is true and complete.
I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected.

Date

Signature

THIS PART FOR OFFICE USE ONLY

Application approved ☐ denied ☐

Date

By: